

Because of my small size I was able to be helped onto tables if they weren't extremely high. But that wouldn't work for the average size wheelchair user. I would continually nag them to get height adjustable tables. I brought written information about tables that were on the market. And, I also brought information about tax incentives for purchasing them. One of my providers actually did finally purchase two tables, and told me that they worked really well for other patients as well, like pregnant patients. If there were regulations about these things, we wouldn't have to get into adversarial relationships with our providers and we could just be patients like everybody else.

In regards to bed heights and accessible hotel sleeping rooms, many of us, as you have heard, who reserve accessible hotels rooms are finding upon arriving that we can't get on or off the bed. This is happening more frequently because the lodging industry has been installing luxury mattresses which raise bed heights to about 25 to 30 inches, which is of course notably higher than the beds previously found in hotels.

With the average wheelchair seat height being around 19 to 20 inches, this clearly makes these beds inaccessible. So, people of short stature such as myself are at a significant disadvantage when we encounter them, unable to transfer into such high beds. This was also raised by some of our rehab clients.

So, I'd recommend that the beds in accessible rooms measure between 20 and 23 inches from the floor, that there is maintained a 7 inch clearance under the bed for lifts, required beds be movable rather than attached to a wall or on a stationary platform so they can be moved to create an accessible pathway to the bed and to have information about heights of the beds readily available on the property's website and with reservation department at the front desks. As our population ages, accessibility in all these areas will be needed by more and more people. Thank you today very much.

>> JOHN WODATCH: Thank you very much. Our next commenter will be on the phone, Elizabeth Barris.

>> ELIZABETH BARRIS: Yes. Hi, this is Elizabeth Barris. And, although I'm sort of unclear exactly of what the hearing is for, I was asked to testify about the American disabilities in relation to my own illness of electro sensitivity. And I'm not sure if you are thinking of bringing a bill to provide new wireless technology for people with disabilities. I'm not really clear on what this is. However, I will speak to my own illness and my own disability.

If you are thinking of bringing wireless technology to help people with disabilities, you should actually consider the people that have disabilities due to wireless technology.

So, I used a cell phone for about 15 years. I have become very, I had an MRI and they didn't see anything. I know the latency for cancer is about 30 years. So, I'll still be worried. But, I've had really bad problems on the left side of my head, where I used my cell phone and I stopped. And, the pain went away. It still comes and goes intermittently when I get around things like Wi-Fi and other people's cell phones.

However, it started to come back about in the past six months, and I didn't know why I was getting constant ringing in my ears and constant pain in my left ear. I went to the doctor. Actually, I have precancerous cells somewhere. Anyway. And then, I noticed the plants outside of my door were dying. And, I put it all together. And, I said, this cannot be.

So, I measured the radiation in my apartment and it's very high. It turns out that, and I looked all over. I couldn't find it. Finally, I got a friend to help me. There is a cell tower about a block away from my apartment that has 25 transmitters and antennas. I was never notified because I'm not in the 50 to 100 feet from it. By the way, there is no federally established RF regulation for this stuff. It's a free-for-all right now.

These things are being installed, irregardless of human health, only looking out for the cell phone industries profits and of course the government taxes on everything that they make a lot of money. There is a lot of money here. And, public health is not being considered at all.

I can no longer go into, because of this cell tower, I have now become even more electro sensitive than I was when I was just using my cell phone. I can't go into places with Wi-Fi now like Starbucks and things like that. I can't stay there for more than a very short amount of time or I get very bad pains in my ear and I have to leave.

Now, because of my situation with my apartment, because I'm being constantly bombarded by this radiation, and by the way, non-thermal effects are completely unregulated, not considered even cell phone safety standards of the SAR, the specific absorption rate. There is a lot of pulse modulation in my apartment, which, I don't know if I have time to explain what that is, but if you take a jackhammer and you put it on a block of cement and you press down, nothing will happen. If you turn the jackhammer on and it starts going up and down, it breaks the cement apart.

So, that's what pulse modulation is to our cells. It's constant bombardment on the cell and eventually it will do something to it.

So, that's just one non-thermal effect that is totally unregulated. Frequency is totally unregulated also. The only thing we are regulated about is heat that is your head baking like a potato if you live near a cell tower. It is really, really bad.

So, I really urge and beg for my own health and believe me, I know you may, you're going to be hearing more and more of me, the more and more of the young, 3 to 5-year-olds are marketed to with cell phones. The more population is being exposed at an earlier age, the more that we're going to be having this huge problem where people can no longer go into even public places that have this technology. It is becoming a -- okay. So, I have a minute.

So anyway, just the short term monetary gain that is from the rollout of this technology, the abandon, the Wild West type abandonment of all health concerns with this technology is going to be dwarfed in a major way by the impact that it has on the public's health. And, I really urge the committee not to roll out more wireless technology. Please consider people that are becoming electrically sensitive like myself, with the Americans with Disabilities Act. I don't know if it's considered a disability yet or not. I don't know anything about this part of it really.

But, I do have this disability and it has actually inhibited my lifestyle quite a bit. And, I also now have to put thousands of dollars that I don't have into buying protective shielding to protect the area where I sleep in my apartment, because when you sleep, your melatonin, it's a melatonin inhibitor. Okay.

>> JOHN WODATCH: Thank you very much. We appreciate you taking the time to speak with us today.

>> ELIZABETH BARRIS: Sure. Is that it?

>> JOHN WODATCH: Yes, thank you.

>> ELIZABETH BARRIS: Thank you. Bye.

>> JOHN WODATCH: Next we are going to hear from Andrew Phillips. Mr. Phillips?

>> ANDREW PHILLIPS: Hello, everyone. My name is Andrew Phillips. And, I'm here to speak on behalf of the National Association of the Deaf on the position of movie theater captioning.

I enjoy movies as much as anyone else. But, I, like other deaf people, experience very limited options than non-deaf people who can attend any showing at any time of the day, at any theater, at any day of the week.

I and other deaf people are limited to specific showings on limited days of the week and at very limited times. As an example, this past Thanksgiving while visiting my family in the L.A. area, we wanted to see the new release of the Harry Potter movie, but we could not find a captioned showing in the L.A. area. We had to drive over an hour to find a theater that was showing it with captions. I felt very bad putting my family through that, having to drive that such a long distance so that I could be part of the movie going experience. And this happened in Hollywood of all places.

Along with NAD we respectfully request that all movie theaters be required to provide captions in all theaters for all showings. I recently graduated from UC Hastings School of Law here in San Francisco. And, as I'm sure several of you, if not all of you know, the life of a law student is a very busy one.

And, it's not frequently that you have discretionary time to go to movies. The movies that I most wanted to see did not have captions showing playing during the time that I had free to see movies. This is another example of how limited our choices are, as people who are deaf or hard-of-hearing.

It isn't just having captions that make a movie accessible. In order for the captioning to be successful, it has to be clear, visible, high quality, and with high contrast to its background.

Just as an example, a few years ago, a group of friends and I went to see the sequel to the Matrix movie, Matrix Reloaded. And, there were 15 minutes there when we could not understand the captions. There is a very famous speech given by the guy who is referred to as the architect of the matrix. It just so happened that his costume was completely white. The lettering in the captions was completely white, with no shading or outline around the letters to distinguish them from the background. So, my friends and I were even more confused than the other audience members when we left the theater, not knowing what had happened.

We feel the Department should also require movie theaters to implement policies and practices that would include training of employees in use and maintenance of the captioning equipment or the caption displaying equipment.

Not long ago, a friend of mine and I went to watch a movie, down in the peninsula, south of San Francisco, and on-line it was announced that rear window captioning would be provided. So, we decided to go but we did double-check with the theater. We called ahead of time and they confirmed

that they had rear window captioning. This is about a 30-minute drive to get there.

The movie started, but the rear window captioning did not. The equipment was not on. So, I went to the theater staff to ask what was going on and they said oh, well nobody here is trained to turn the machine on. I'd like to thank you for the opportunity to provide testimony today on behalf of the National Association of the Deaf.

And the NAD will be providing further comment in written form. Thank you

>> JOHN WODATCH: Thank you for coming and sharing your experiences with us. I have to point out that I saw that movie, and I got to listen to the speech and I'm still not sure what it meant. So, maybe we can get together and discuss that. (Chuckles).

Our next commenter is going to be on the phone, and is Daniel Grover. Mr. Grover?

>> DANIEL GROVER: Yeah, hello, can you hear me?

>> JOHN WODATCH: Please proceed.

>> DANIEL GROVER: Thank you. I'm a wheelchair user and travel extensively for 25 years. I'm a wheelchair user, and since I'm on the phone and all you have to go by me is my font there and my name, I just want to assure you that I'm wearing a suit and tie and look very, very professional today. I just want to say that transfer height has already been established in numerous 2004 ADAAG chapters. Transfer height does not affect, oh and I'm talking about the ADA bed height in hotels and places of public accommodation. So, I want to say that transfer height does not affect the usability for the non-disabled population that may end up using a hotel room that is not in use by somebody with a disability.

And currently, if I stay in a hotel, I can transfer to the toilet. I can transfer to the shower. And, I can transfer to the swimming pool, but the main reason why I'm there to sleep in a bed, I can't transfer to it.

And, in the 2004 ADAAG chapters, chapter 6, water closets, seats, bathtub seats, shower compartment seats, benches, amusement park rides, play areas, swimming pools, wading pools, they all have established transfer heights already. So, since transfer heights have already been established for accessible elements, it just seems only reasonable that they should apply to a bed.

And, I don't see that there was, like I said, I don't think that it affects the nondisabled population that would end up using the hotel room. With a bed, there is consideration for the fact that a bed gives and fluctuates with weight, when you are attempting to transfer on it unlike all those other elements which whatever height they are, they are fixed and solid.

So, but that being said doesn't mean that you should not establish a transfer height for a bed. It's been my experience in the industry that there's a superficial look of a high bed that for cosmetic reasons equates to quality. I've run into that numerous times when staying somewhere.

The function of a bed should not be high, you know, for cosmetic reasons.

And, the other thing along with transfer height in beds is, I also experienced very often that in smaller hotels that have one room that's accessible, they put in one king-size bed. And, today we are not talking about the size of the bed. We are talking about transfer height. But, when there is not a two-bed option, then when I stay with four people in a room, it makes it very difficult. That's a side note.

So, my main point is to implore that transfer height has already been established in numerous ADAAG chapters, so it should certainly be applied for transfer heights in beds. And that's all I have to say today.

>> JOHN WODATCH: Thank you very much. We appreciate you commenting with us today. We are going to conclude our morning session with one more commenter, who appears to be appropriately named for this function. We will turn this over to Carrie Finale.

>> CARRIE FINALE: Thank you. I just want to thank the panel for allowing me to speak today.

Just a quick introduction. My name is Carrie Finale and I was injured in a car accident in '97. And, I suffered a spinal cord injury. And, it took me, so I'm paralyzed from the waist down. And, for the ten years post injury, I struggled physically and emotionally and mentally. And I was an athlete my entire life so there was a big hole missing for me for ten years, until I discovered wheelchair sports. So, for the last four years, my life has completely turned around in a positive direction because of being fit and wheelchair sports. So in order for me, and in fact, I'm on the U.S. Para-Olympics cycling talent pool team and I travel a lot in various hotels. So, having access to equipment in gyms is very important to me in my fitness, in order to perform at races.

And, I find that at home here, I'm limited to the amount of pools that I can swim in. I can't just transfer down to a pool deck. I need an actual lift that I'd

like to be able to operate independently. I've been to pools where they pull, you have to ask someone and they have a portable lift that they roll over and you transfer into. For me, that's, I'm not able to operate that independently. So independence is huge for me.

Another issue I have with gyms is, okay, so I do find a pool, but there aren't any exercise equipment in the fitness room that I can use as far as strengthening my upper body. And, the gyms still wants to charge me full price.

So, if I had access to everything in the gym, I could understand paying the full price. So, the other thing I want to say is that the showers, the showers aren't always accessible in there. The levers to control the water in the shower heads are usually a little bit too high for someone who is sitting down or way too high. And, I also and lastly, I just want to say I spoke to one of my friends who is quadriplegic, and he said add in there changing tables for the people who can't dress and undress in their chairs. A changing table with an accessible stall for them to get in and out of their bathing suits would work.

And with that, that's what I want to say. Enjoy your lunch.

>> JOHN WODATCH: Okay, thank you very much. We wish you good luck in your competitive career. We will conclude now the morning session. We will reconvene at a different time. We are going to reconvene at 1, because of the unprecedented demand of people who would like to comment. We will be back here at 1:00. Thank you all very much.

(Break).

DEPARTMENT OF JUSTICE HEARING

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>> I understand that some of you are still finishing your lunch and that is okay, so are most of our panelists. We are going to begin in a few moments. But if you are in the room, please don't forget to turn your cell phones to silent or vibrate. We will begin in a few moments. Thank you.

(Pause)

>> JOHN WODATCH: Good afternoon, everyone. We are going to proceed. Thank you for returning so promptly.

I neglected to mention earlier this morning that this event is also being streamed live on the Internet simultaneously with the event itself so your remarks are going well beyond the hearing room today. And we will, for a short time after this, keep the hearing on our website, ada.gov.

We will continue again this afternoon. We ask everyone to try to keep their comments within the five-minute period of time. We have a large number of people who are going to testify.

The device here will tell you -- the yellow light will go on when you have a minute left to go. There will also be a beep and the red light will come on at five minutes. We ask, if that happens, that you conclude your remarks at that point.

Why don't we begin? We are going to start with Jessie Sandoval for the Marin Center for Independent Living. Mrs. Sandoval.

>> JESSIE SANDOVAL: Thank you for the opportunity to speak today. My name is Jessie Sandoval and I'm an attorney as well as a system change advocate and community organizer with the Marin Center for Independent Living.

I'd like to speak today regarding some of the rules and regulations as they relate to the accessibility of medical equipment and of furniture. I will relay some of my personal experiences as well.

I'm a wheelchair user as well as somebody who is visually impaired. I can tell you throughout my years that the accessibility of medical equipment in physicians' offices is definitely something to be desired. It's so limited. It has sort of become a fact of life for many of us with disabilities.

I frequently visit optometrists as well as ophthalmologists. I can say that those offices are very difficult for someone who is a wheelchair user. Often, the exam chairs are too high, and it makes it nearly impossible for us to transfer safely to and from the examination chair, which then requires us to bring somebody with us to the appointment.

So one way to relieve this would be to have exam chairs that are adjustable so that we can safely transfer as well as provide a bit of training, which I think other people have mentioned, so the staff can assist us in transferring as well. And for folks that are not able to transfer to and from an exam chair, it would be ideal to have a chair that is easily movable so that individuals can receive services in their wheelchairs.

Also, often, many of the more advanced exams that you receive in an eye doctors' offices are not accessible. I have had, often, to have someone help me to do some photography that is required, and I have to sit in chairs that are extremely tall. So again, to have chairs that are adjustable or movable as well.

Additional accessibility issues are presented at dental offices. Often, certain types of X-rays are not accessible for people with disabilities. This includes panoramic X-rays, the type of X-rays that go all around your head.

I actually haven't had one since I was a teenager and had braces. I didn't even realize that they still gave those X-rays to adults, because, actually, it's never been offered to me as an adult. So that tells you how — a problem that is. And again, a way to remedy that would be to make it so that it's accessible and add adjustability so the folks can receive the X-rays in their wheelchairs or have the opportunity to have assistance if needed for them to receive the X-ray.

So the fact that it's never been offered to me as an adult shows one of the common consequences of not having accessible equipment in doctors' offices. The doctors and employees think it's not a big deal and they just don't provide, you know, the same care that other individuals receive who don't have disabilities.

Another accessibility issue related to equipment is general accessibility in physicians' offices as well. This includes accessible exam tables. I can't even begin to tell you the last time I was actually able to transfer onto a table because it was low enough.

The result is that people with disabilities often receive exams in their chairs and as such, they don't receive the same examinations that they would otherwise receive or the doctors might not evaluate them in the same way.

They'll just look at you and prescribe something as opposed to really, you know, doing that physical overview that they would give other patients.

And again, this could be easily remedied by providing adjustable height exam tables so the individuals can transfer as well as, as I said before, having staff that are available to assist with transferring.

Often medical staff are not very comfortable with helping out patients with disabilities. They expect you to bring someone to the appointment with you, which for some people works but for others, you can't always bring somebody with you. It's important to have staff that are aware and can help you facilitate your medical appointments as they would be for everyone else.

Then lastly, another need is for accessible scales. I can't tell you the last time I've seen a set of accessible scales, which is something that doesn't happen for us with disabilities.

Knowing a person's weight is really critical to administering medication as well as reducing secondary disabilities that may result from people who are wheelchair-users or have other disabilities. This is something that's sort of gone unnoticed. And having an accessible scale, is something that's cost effective and can easily be put in doctors' offices and can be used by others as well.

I believe that wraps up my five minutes. So thank you for your time and taking this opportunity to hear comments from the community today.

>> JOHN WODATCH: Thank you for being here and sharing your views with us.

>> JESSIE SANDOVAL: Thank you.

>> JOHN WODATCH: Next, we'll hear from Jack Castle. Mr. Castle?

>> JACK CASTLE: Thank you. I'm here to talk particularly about closed captioning for movies. I am not a hearing-loss person. My wife says I suffer from selective hearing but my wife is the one who has lost her hearing.

In 2000, my wife came down with meningitis. After 10 days in a coma, she awoke and she had lost all of her hearing in her left ear and 80 percent of her hearing in her right ear.

Our lives changed dramatically. We had never been aware of any of the problems that affected the hearing loss community in our area or, let alone, in the country. My wife got very active in the Hearing Loss Association. It's formerly called Self Help for Hard of Hearing.

Since that time, we have made a lot of adjustments. One of the things that we particularly enjoyed doing, prior to her hearing loss, was going to the movies. We've tried to do that since then. We have found that the movie theaters do not give you a system that works.

They have tried the rear captioning. You can't watch a movie and look at the rear captioning in your lap. They have given us hearing devices that just make the static louder. The only thing that has worked for us is closed captioning.

It's interesting to note that the movies that we do enjoy are foreign movies and they're all captioned. And they are successful, very successful. If you have gone to the movie houses, you have seen that the foreign movies are usually fairly full, if not totally full. And they, like I said earlier, are all closed captioned.

One of the points that I'd like to make is that somewhere between 14 and 17 percent of the population has some form of hearing loss. When you hear the movie theaters talk about not being able to afford to make the difference and put in the closed captioning, I think they're being shortsighted. When you take a look at the 14 percent, all those people go with someone else. I don't go without my wife; therefore, you can double that. Twenty-eight percent of the population is affected by hearing loss.

Families are affected by it, the people you work with, so it seems good business and good practices to me that the hearing -- not the hearing, excuse me -- the movie theater operators are excluding a good percent of the population from their marketing.

When you take a look at some other things too -- you see the academy awards and other awards shows, there is a large portion of the population that does enjoy foreign films, so the captioning does work. All of the DVDs that are put out by movie producers now have captioning. If you go to Best Buy, Netflix, any of those -- not Best Buy. Excuse me. What's the one that's --

>> MAZEN BASRAWI: Blockbuster?

>> JACK CASTLE: Thank you. Blockbuster or Netflix. They all have captioning available in different languages.

It would seem to me that the movies are in one part of the industry very aware of what is available, and make it available to the broad spectrum, where the operators do not. And I think that closed captioning solves that problem, not only for the hard-of-hearing, but for their families. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate you taking the time to be with us today. Next, we will hear from Kathy DeRenzi.

>> KATHY DERENZI: Thank you. I have a chronic digestive disease. I have ulcerative colitis. There's no known cause and no cure. I need access to restrooms frequently and sometimes urgently. When I'm away from home, I worry about finding and having access to restrooms. Many people with this disability -- with this disabling condition prefer to stay home, as I often do.

Many businesses will not let you use their restrooms. They say, our restroom is not for public use, or they tell me to go next door offering another business's restroom facilities.

I'm here today to encourage that we revise regulations in California and nationwide to allow access to restrooms at public places of business that are now denied to people with disabilities. This restroom access has become law in some other states, and needs to become law in all states immediately. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate you coming and spending the time with us. Our next Commenter is Richard Ray. Nice to see you.

>> RICHARD RAY: Thank you. Good to see you as well. Good afternoon, and thank you for having me. My name is Richard Ray and I'm an Americans with Disabilities Act compliance officer with the City of L.A. I'm also on the chair of the Accessibility Committee with the National Emergency Number Association, and a member of the National Association of the Deaf Civil Rights Committee.

And I'm here to address two issues: accessibility of 911, and emergency alerts. Regarding accessibility to 911. With today's expanding technologies, such as text messaging, video phones, video cam and instant messaging via computer and wireless devices, more deaf, deaf/blind, hard of hearing people and people with speech disabilities are shifting to these technologies while fewer and fewer people are using TTYs. We have zero direct access to 911, using wireless hand-held devices.

Currently, PSAPs do not address the needs of people with hearing loss or speech disabilities who rely on emerging technologies such as text and video as their primary mode of communication. The current PSAP system is not able to receive direct text and video calls due to the system not being compatible and not being updated to accommodate these emerging technologies.

Individuals with hearing and speech disabilities will have to use a third party such as an Internet relay-based service to reach 911 using text or video. This is not considered direct access. Using a third party for communication could lead to a time delay.

For example, during the recent National Emergency Number Association annual conference, several 911 test calls via Internet-based relay services were placed. With IP relay service, it took over four minutes to connect to the PSAP and it was through an emergency line.

Also with video relay service, it took over five minutes to connect to the 911 center and it went through an administrative line. Both of these calls were supposed to have gone through a 911 line, which would have shown the caller information such as the physical address and the call-back phone number.

Last August 19th, another series of test calls were made to 911 utilizing various VRS providers. While a couple of relay service providers appear to have connected the calls to the appropriate PSAP 911 line, the others were either routed to another city, such as the City of Azusa, or the local PSAP administrative or emergency lines. A couple of calls were dropped and no callbacks were made.

Based on these tests, I've died more than seven times. A few minutes delay has shown that it could have led to death. Again, every second counts. Please support this next generation 911 upgrade to the 911 system so consumers can call 911 directly and receive assistance in a timely manner.

So the NENA slogan is: Call 911 anytime, anywhere, and with any device. Turning to emergency alerts.

Access to emergency warnings and information is important for the general population as well as for people with disabilities. People in the United States rely on siren, television, radio, and telephone for information whenever a crisis or emergency occurs. However, this type of technology is inaccessible and not reliable or workable for deaf, deaf/blind and hard of hearing people.

On December 23, 1985, I was at the lower level when a twin-engine plane crashed through the Concord Sun Valley shopping mall's roof, igniting a fireball that burned everyone in its path. Seven people died and 77 were injured.

I had no access to the announcements that were made about what was going on. In fact, I didn't learn about the situation until I arrived home. It's critical that people with disabilities receive messages at the same time as hearing people in order to meet their needs. Technical development may be

necessary to create a system that provides equal communication access to receive notification.

It is crucial that options with redundancy for emergency alerting systems that are accessible to individuals with disabilities such as 911 mass notification systems, using electronic reader board, e-mail, SMS, video clips and various emerging technology in addition to the analog phone system. Furthermore, mass mandatory testing on a regular basis should be conducted to ensure that all types of alert modes are working. They should be corrected immediately if an issue arises.

Again, every second counts. Thank you.

>> JOHN WODATCH: Thank you very much. Let me introduce -- we have different panel members joining Mazen and myself. Returning, again, is Kathy Devine, an attorney in the Disability Rights section. And joining us now is Felicia Sadler, who is another senior attorney in the Disability Rights section who will be working on these rules.

Our next commenter will come through the phone system and will be Jo Firpo.

>> JO FIRPO: Hi everybody. I have two points. I'll be pretty brief. I have severe electromagnetic frequency sensitivity. I want to speak on Internet accessibility. Basically, with this condition, Internet is not accessible by me pretty much at all at this point.

So, having the information available by paper or by phone -- you know, a lot of times I'll call up and they'll say, oh, it's on the Internet. And I'm, like, well, I can't really get on the Internet. So that is something to think about. Also, there is an MIT engineer who has developed a shielded computer, which may be an option for people with electro-sensitivity to have Internet access.

The second thing I wanted to comment on deals with the furniture accommodation and this is actually more regarding light fixtures. Ninety-eight percent of public spaces are lit with fluorescent lights, and for me that's just like being in an experience of having acid poured into my nervous system, my mucus membranes and the dura around my brain.

In general, I avoid public places. But I had to go to the doctor recently and I knew if I sat in the waiting room and the examination room for 45 minutes, I would be dry heaving. I ended up bringing a parasol, and using that. And it worked fairly well, I would have to say. But it would be nice to have considerations regarding alternatives to fluorescent lights, safe places that electro-sensitive people could be in public places.

That's all.

>> MAZEN BASRAWI: I have just one question. Is this on? Now it is. I have one brief question. Is there any kind of energy saver light fixture that you find is not problematic?

>> JO FIRPO: Well, it's interesting. The politically correct energy saver light bulbs are actually worse. The ones that work the best for someone with this sensitivity is, like, the traditional incandescent bulb, maybe with an up -- like low to the ground up lighting so it's not shining directly on the body, like, indirect, low, up lighting.

>> JOHN WODATCH: Thank you. Our next commenter is also going to be done on the phone system, and we are going to hear from Andrea Berrin. We are connecting right now. Ms. Berrin, you may proceed.

>> **ANDREA BERRIN:** Thank you. Good afternoon, everyone, this is Andrea Berrin. Thank you for this opportunity.

I would like to be there with you in person, meeting with the Department of Justice representatives, and all you good people who have come to speak with concerns to improve the lives of those with disabilities so that they can participate with equal enjoyment of all the goods and services, the privileges, the accommodations spoken of in Title III and what the ADA is about.

I am not there with you, because I am disabled. I am not in a wheelchair. I am not blind or limited vision. I'm not deaf or of limited hearing.

I have what is referred to as radio wave sickness, or electromagnetic injury, or electro-hypersensitivity. This precludes me from being in just about any of the places listed in the 12 categories, the public categories, named in the ADA that should be accessible.

I am precluded because I get sick. So being in any building or office or restaurant or any of the places named, going to the market, the bank, the Post Office, my goddaughter's elementary school classroom, I am sick.

There are many others who will testify today or at your other hearings or are submitting important scientific findings about the effects of electromagnetic radiation, the radio frequencies, wireless technology on the population that you are attempting to offer the services of.

I will just add that the wireless technology being proposed, my concern is that it will only exacerbate health challenges of the vulnerable disabled population as well as the rest of all of us.

So I will tell you a little of my own personal story, which will weave into this big picture that you are looking at. I am like the canary in the coal mine. There is a fast growing population of people who are becoming more and more disabled, and unable to function in this society because of electromagnetic radiation, the radio frequencies and wireless technology.

In fact, it is becoming an epidemic, although many of you don't know about it because of the clever mass marketing of this technology to every business and every family. I was a court reporter for 27 years full-time. I wrote every word spoken in criminal trials, including murder trials, spending 13 and a half years at juvenile court, and taking many civil cases.

The precision of my transcripts may have made the difference between life and death, and everything in between for the people involved. I handled original documents, medical files, wills, birth certificates, etcetera.

I'm also by the way a Phi Beta Kappa graduate from UC Berkeley. Why am I telling you this? So that you understand that I was a highly functional person, carrying important responsibilities and a contributing citizen to this country.

Now, I am so affected by this electromagnetic radiation, I'm using that as a general category, that I have not been able to work for seven years. There is not a building, an office, a classroom, a store that I can be in without getting sick. I can't look at a computer without being sick. I'm telling you my story, but there are many more and continually many more that are being affected like I am.

I am affected by fluorescent lights. Especially the compact fluorescent lights, what they call the energy saving lights. I have spent tens and tens of thousands of dollars seeing all kinds of doctors, Western medicine, Stanford, doctors in San Francisco, clinics back East.

About three years ago, a friend brought me a 143-page document translated from Swedish called, Black on White, Voices and Witnesses about Electro-Hypersensitivity, the Swedish Experience.

I urge the members of the Department of Justice to look into this document. It contains over 400 testimonies of people, normal people, working under fluorescent lights, computers, cell phones, cell towers, Wi-Fi, etcetera. I think that was my one minute.

>> JOHN WODATCH: No, I'm afraid it was your five minute. But if you can conclude, that would be --

>> ANDREA BERRIN: I'm sorry. I didn't hear the one minute.

>> JOHN WODATCH: That's quite all right.

>> ANDREA BERRIN: I'm sorry. I will conclude. I will just say that -- okay. Let me conclude. I'm sorry. It goes pretty fast. People are buying into these technologies like the emperor's new clothes. The difference is when they found out the truth about the emperor, the people just felt foolish.

In our day and age, the truth about these electromagnetic frequencies is that more and more people are getting sick, even though it may start with just insomnia, aches and pains, anxiety, and lead to autoimmune diseases, cancer, heart disease, mental cognition problems, etcetera.

I urge you, please to look into this very, very carefully and I believe that what they are calling the epidemic of the 21st century, Alzheimer's, also has a strong connection to our exposure to these invisible frequencies. Thank you so much for your efforts, your good work and for listening to me. I appreciate it very much.

>> JOHN WODATCH: Thank you very much. We appreciate you taking the time and sharing your personal story with us.

>> ANDREA BERRIN: Yes, thank you. The best to you all.

>> JOHN WODATCH: Next, we will hear from J.J. Rico. Mr. Rico?

>> J.J. RICO: Thank you. Good afternoon, my name is J.J. Rico. I'm the managing attorney for the Arizona Center for Disability Law. Our office presently represents two individuals in a lawsuit against Harkins movie theater. My office is part of the national protection and advocacy system. I'm here today to talk about captioning and description.

Five years ago, our office decided to represent two individuals with unique stories but common experiences. Rachel Lindstrom called our office and described her son, at that time, a 15-year-old boy who wanted to go to the movies. It wasn't that her son Ricky had never gone to the movies and in fact he had gone to the movies. He had gone to movies with his family and with his friends.

But what Ricky's experience was, was half of what most of us who can hear. Ricky could not hear the dialogue but Ricky still spent those high dollar ticket prices to go to be with his friends. That's a common story that we heard.

Our second client, Larry Wanger, recently moved from Michigan. And Larry is a person who is visually impaired and blind. Coming from Michigan, he had an experience of being an advocate and continues to be an advocate in

his community. Through his advocacy in Michigan, he contacted the local movie theater and asked for and received a scripted narration.

However, Larry Wanger's experience in Arizona was not the same. To give you the statistics on what Harkins movie theater currently provides, when we started lawsuit five years ago, or we started our representation of these two individuals, Harkins movie theater had approximately 262 screens. One of those screens contained open caption, one. For descriptive narration out of the 262 screens, there was zero screens with descriptive narration.

Now, five years later, after litigation has been filed, after advocacy has continued, there are three movie screens, with descriptive — excuse me -- three movie screens with captioning out of over 300 screens that Harkins now has. In the descriptive narration world, there are now 15 screens, again, out of 300.

In the minds of my clients and minds of their communities, that is not enough, especially when we look at the statistics and the financial incomes of these movie theaters. The National Association of Theater Owners has provided statistics that showed in the year 2009 alone, the box office hit record earnings of \$10.6 billion in admissions, and 1.4 billion in concessions.

I think we always thought popcorn was a little bit pricey but maybe not quite that pricey. That year also marked the third straight 4 million-plus summer season. Admissions continue to grow five percent as movie theaters' owners and operators closed out the fourth consecutive decade of growth in ticket sales.

Per capita, ticket purchases grew by 4.6 percent. If we look at one of the big three, the "big three" being Regal, Cinemark and AMC, in 2009, if you go to their website, Regal generated \$2.8 billion of revenue. And its net income was \$279 million.

The profits of AMC and Cinemark can be found on their websites and readily accessible for anyone to view, and to see that, they too, have made a lot of money.

Furthermore, in addition to the profits that they're making, the big three have secured alone for \$660 million. And you might ask: What's the \$660 million for? It's to roll out 14,000 — approximately, 14,000 digital screens.

So I had a question to myself, at least, that, well, after making all this money, what has happened nationwide? I know about Arizona and I can talk about Harkins movie theaters. But what's happening nationally? What type of money are these other big three and other theaters investing in captioning description?

And a little research from NATO's website, the National Association of Theater Owners and also the MoPix website has led me to the conclusion that little to nothing has been done.

In fact, of the top ten which possessed -- top ten movie theaters which possessed 21,000 screens, only 236 of those screens out of 21,000 possess either captioning or video description. So my question is: Why are the movie theaters continuing to fight?

As Judge Kuzinsky said in our 9th Circuit Oral Argument, "Why are you fighting this?" I thought that the fight might be over with the notice of public rulemaking but I listened to NATO and AMC's public comments. And all of you, if you haven't listened, go back and look at the Chicago transcript and listen to what they have asked DOJ to do.

As you probably recall, they asked you to wait, to wait two more years. And why do they want to wait? Because they say digital technology is not here. They say digital screens aren't here. But we've already shared with you that digital screens are here.

They've even gotten more money to roll out more screens. But they still want us to wait. They also contend that there is no technology but there is digital technology. In fact, there's three companies that currently have something you can purchase. And maybe it's not at the Radio Shack, as AMC's attorney said, but it is available for purchase.

So my response to NATO and AMC and any other theaters that may say, suggest or ask, wait two more years, I say no more waiting. My clients and their communities have waited long enough. The time is now for all Ricky Lindstroms and Larry Wangers in this country to have an opportunity as I have and of those that have vision and those who can hear to see a movie. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony today. Our next commenter will be on the telephone, Florita Toveg.

>> FLORITA TOVEG: Thank you. My name is Florita Toveg. I'm from Breast Health Access for Women with Disabilities. And thank you for your time today. Founded by and for women with disabilities in 1995, and, in '97, opened the first accessible breast screening clinic in the country, BHAWD, overarching goal is promote optimal health for women with disabilities.

We do this by reducing disparity to utilization of health promotion and screening services and diagnostic practices particularly in women's health services.

There has been a rapid upswing in efforts to improve healthcare service access for underserved populations, including women with disabilities. However, striking differences in healthcare accessibility, quality and utilization persist.

One under-addressed issue in the fight against breast cancer access is the inability of the imaging equipment to be accessible to women with disabilities. These include women who have limitations with balance, posture, muscle weakness, spasticity, flexibility, chronic pain and/or inability to walk or stand.

Mammography is used to help screen for changes in the breast tissue over time. It is an X-ray image of the breast that can detect 80 to 90 percent of breast cancers in women over 50. Mammography exams are an effective tool for diagnosis and possible prevention.

Breast imaging technologies have progressed the past several years to include, for one, digital mammography system that has offered advances in imaging exposure, processing and transmission. While screening mammography is recognized as an effective method for early detection of breast cancer, and there has been promising new technologies that has improved clinical applications, the equipment itself has not become more accessible to women with disabilities.

Breast cancer is the second cause of cancer death in women. And women with disabilities may be at higher risk for delayed diagnosis of breast cancer primarily for reasons of environmental, attitudinal and informational barriers.

For instance, in California, women with disabilities are less likely to receive routine screening mammography than women without disabilities. Instead, more frequently obtaining mammograms for a suspected problem or for breast cancer.

Women with disabilities are developing breast cancer at the same rate as all women; however, women with disabilities are one third more likely to die from breast cancer than women without disabilities. Later stage diagnosis typically result in greater functional impairment, poor quality of life and shorter survival rates.

Hopefully you have heard and received information to help develop standards for mammography units which would also assist in better visualization of breast tissue, greater flexibility for positioning, greater comfort for patient clients with disabilities and would also be helpful to the radiologic technologist, the RTs, that are performing the mammography exams.

A few of the features that our RT Committee has recommended is allowing height adjustment for the unit imaging receptor, or buckey, to go as low as possible. A maximum of 24 inches from the floor to the top-side of the receptor, or buckey, is appropriate.

Allowing adequate knee space for a wheelchair user as in distance to stand from the front edge of the imaging receptor buckey is also important to consider. Having an adequate and safe positioning chair when needed and addressing the issues and problems with some units' protruding platforms that can also interfere with positioning a person seated in a wheelchair.

The road from accessible regulatory imaging equipment innovation to accepted clinical practice is long, detailed and costly. Adoption of new accessible technologies may depend on whether healthcare providers and their clients find them usable and acceptable.

In the meantime, it is important to review existing successful healthcare provider education initiatives. Given the unique needs of the growing diverse disability population, education and training of healthcare providers is vital to increase healthcare access and address cancer care inequities that face women with disabilities.

For many women with disabilities, healthcare providers, especially radiologic technologists, RTs, represent a key point of contact in the breast healthcare continuum. A client who has one negative experience receiving a mammography, mammogram, may be deterred from returning for subsequent mammograms for years to come. On the other hand, an RT who is competent in communication and adaptive positioning for women with disabilities can encourage her to seek routine mammograms and if needed to take control of her own breast health.

Bearing in mind that essential functions of RTs especially those who conduct mammography, we have developed and carried out a series of trainings that promote routine mammograms and allow technologists to improve their imaging techniques and develop disability culturally competent skills.

Since 2004, we have conducted 10 trainings approved by the American Society of Radiologic Technologists for C E credits. All of the trainings have been attended at full capacity with waiting lists formed.

The training evaluations have consistently revealed increased confidence in providing mammograms to women with disabilities. The technologists also express the belief that this training should be mandatory for all first year radiology students, and at least one member of every breast imaging facility's mammography team. Several participants stated, quote, these are

topics that have never been touched on in any seminars in my 30-year career, important for all RTs.

In conclusion, in addition to reviewing standards for radiology mammography equipment, we are asking DOJ to review existing provider initiatives and developing systems that includes cultural competency training and positioning techniques in order to increase access and accommodate women with disabilities. Thank you.

>> JOHN WODATCH: Thank you very much. Next, we will hear from Carrie Riordan. Ms. Riordan?

>> CARRIE RIORDAN: Good afternoon. I'm a member of the board of directors of the National Alliance for Accessible Golf, a nonprofit collaborative alliance of golf organizations, rehabilitation organizations, recreation and park associations and independent accessibility advocates. Our mission is to increase participation of golf -- of people with disabilities in the game of golf.

We believe that through the game of golf, individuals with disabilities can become actively engaged in the social fabric of their communities and derive health benefits that improve quality of life. Our three key initiatives are; one, gain golf accessible and inclusive networks. An alliance research-based inclusive program that uses golf as an effective vehicle for bringing people with disabilities into or back into the mainstream of the community.

Two, the alliance administers a grant-making process through the United States Golf Association that since 1997 has granted over \$5 million to golf programs for individuals with disabilities.

And three, the alliance develops and provides technical and training resources as well as accessible golf guidelines and tool kits for golfers, golf professionals, rehabilitation specialists and golf facility operators. We applaud the DOJ and their continued efforts to enhance opportunities for individuals with disabilities and to develop rules designed to bring the ADA fully into the 21st century, especially as it relates to sports, fitness, recreation and wellness.

Our comments today relate specifically to questions 14 and 15 that address access for people with mobility disabilities and accessible golf cars. The alliance supports the position that the most effective means of addressing the needs of golfers with mobility disabilities has to first come with continued and enhanced education and training of the concept and application of a golf inclusive environment for programs, practice and play.

While accessible single-rider cars are just one solution to the needs of some golfers with mobility disabilities, we believe that mandating single riders reflects a very limited response to a multifaceted issue regarding accessible golf.

Many accessible accommodation options already exist and are in use and available at many golf courses, such as the use of traditional golf cars with access to tee and greens, using flagged golf car policies, hand controls on traditional golf cars, and sharing or pooling single rider cars, to name a few.

Golfers, owners, operators and professionals need continued education regarding inclusion and how to facilitate inclusion plans and policies that can reasonably accommodate all. These must be relative to the uniqueness of the disabilities as well as the uniqueness of the golf facilities and their resources. All golf facilities must have inclusive operations, customer service practices and programs and play policies that include access and availability of equipment and address the needs of people with a variety of disabilities.

The question is, whether it is necessary for all golf facilities to have single-rider cars or other accessible golf cars. Again, there are real examples of golf courses and municipalities with golf facilities that already have one, two or three or more accessible golf cars in use as well as other options to accommodate golfers with disabilities because over time, they have educated the golfers, operators, professionals in the community and offered programs reflecting a positive inclusive environment.

These are some of the best practices and inclusive operations models to share and use when developing rules and guidelines. Most golf facilities should have access to and availability of single-rider golf cars and other means of accommodation regardless of where the facility is in the process of developing an inclusive golf operations environment.

Regarding single-rider cars, many courses already buy, lease, share, or pool single riders and successfully and regularly make them available to customers. With that said, however, currently there are no safety standards governing single rider or accessible golf cars.

Safety is an issue that must be addressed for accessible golf cars with the same level of ANSI standards and regulations that exist for traditional golf cars. While accessible cars are in use without safety standards, we recommend that safety standards and safety testing for all single riders be in place before any ADA ruling that mandates their further use.

We also suggest that this is not just about developing a rule or policy and a mandate that all golf facilities have a specified number of single rider golf

cars, and then people with disabilities will come. There is a larger more pervasive issue that needs to be addressed before any policy or rule will really work and be embraced in golf or any sport or recreational setting. That is the issue of education and awareness.

We need to educate people and make them aware about the many ways that allow people with disabilities, including those with mobility disabilities, to play and enjoy their best golf. Education, training and awareness of all options for accessibility programs must continue to be recognized -- to be a recognized priority at all levels of golf operations for ADA and golf for individuals with disabilities to truly become a reality in the 21st century. Thank you very much.

>> JOHN WODATCH: Thank you. We appreciate your testimony today. Our next commenter will be on the phone and will be Shivani Arjuna.

>> SHIVANI ARJUNA: Yes, hello. Shall I just go ahead? Hello?

>> JOHN WODATCH: Yes, go ahead and proceed.

>> SHIVANI ARJUNA: Okay. I am sensitive to radio and microwave frequencies so I'm going to be talking from that point of view. I have what is called radio wave sickness. We became aware of this in 2002.

I had been having increasing trouble with cardiac irregularity and was diagnosed with pre-atrial cardiac syndrome. I asked the doctors what that meant, and they said one chamber of my heart was beating out of sync with the others. And I said, why? They said the electrical signal of that chamber is off. I said why? They said, they didn't know.

Things got worse. I had pain and numbness on my left side, pain in the left side of my head, extreme insomnia, and finally had a couple of cardiac incidents that were so scary I went to the hospital in an ambulance. I had \$18,000 worth of medical tests done, which could find no reason whatsoever for the symptoms that I was experiencing.

However, we were referred to people who were doing a study about radio frequency sickness because some of my symptoms sounded like that. And then we had our home tested for, quote, what's called "dirty electricity," which are radio wave frequencies being broadcast right from the wiring in your house.

And we had that done by an expert who was used in many court cases and He said our home had a very high level of this. And so we undertook remediation for that ourselves and, lo and behold, my symptoms went away.

So I became very interested in this topic. I've actually put up a website about it and that website is lifeenergies, l-i-f-e-e-n-e-r-g-i-e-s, dot com. There's a lot of politics involved, because the electrical companies are responsible for the purity of their product, but no one enforces them to be. So people like me get very sick. And we have to undertake the expense ourselves of making our own homes safe.

So now, I'm safe as long as I'm in this environment that we have created for me. But when I go out, whenever I'm somewhere where I'm exposed to Wi-Fi and things like that, I immediately get symptoms again. So for example, our local library put in Wi-Fi, maybe two years ago or so, and I used to love to go to the library. The library is the center, its not just a library, it's the center of all community activities in the small town we live near. I can't go there anymore. If I'm there ten minutes, I have terrible, terrible pain in my head.

And it goes away about 20 minutes after I leave the library. And that is my experience every time, ten minutes and terrible pain in the head. So I just cannot go to those activities.

And so you can tell, I'm limited to where I can go a great deal. I'm lucky that I can live in the country, in a quiet place. But more and more things are encroaching here. And one thing is that for instance, our utility company wants to put a radio frequency broadcasting meter right on our house and threatened to turn our power off if I wouldn't take it.

I would like to read you parts of a letter that my doctor wrote to the electric company about that:

"My patient, Shivani Arjuna, and her husband have asked me to write you regarding how she is affected by exposure to communication frequencies and quote "dirty electricity" frequencies. They are deeply concerned that placement of one of We Energies' new radio broadcasting meters on their house would be harmful to their health, especially to Shivani's and I share their concern. The immense proliferation of wireless technologies in the past few years has given rise to health problems that cannot be successfully treated medically as medicine cannot remove the underlying cause, the exposure."

Does that mean I have a minute? Oh, my.

>> JOHN WODATCH: Yes, that's correct.

>> SHIVANI ARJUNA: Okay then I'm not going to read his whole letter. But he goes on to mention that there are actually a list of radio wave sickness --

illnesses, and that you will find that on the website too, if anybody wants to read it.

So then he talked about some biological possible mechanisms and finally, he said, "Although it's not possible in today's world to completely avoid these exposures", you know "we should not be forced to be exposed in our own homes."

So besides the things like the radio broadcasting meters, another thing that should be not allowed to happen is broad band over the electrical wiring system because then it would go right through the entire house of all the radio -- people with radio wave sickness and we wouldn't be able to bear being in our own house.

So I feel very bombarded, you know, I have to stay at home. I hope that you will expand the ADA to include specifically radio frequency sickness, and also add a supplemental docket on radio frequency sickness.

>> JOHN WODATCH: Thank you very much. We appreciate your time with us today.

>> SHIVANI ARJUNA: Thank you for listening.

>> JOHN WODATCH: Next we're going to have a double testimony, Dr. Sandy Ross and Annie Cruz. The floor is yours.

>> SANDY ROSS: Thank you, John, and the rest of the panel. ADA has been incorporating hidden disability such as chemical and electromagnetic sensitivities but not fast enough to keep up with the influx of chemical use and deployment of electronic equipment, such as cell phones, Wi-Fi and smart meters.

Researchers are reporting many, many ways the human system is affected by electromagnetic fields, because we are electrical beings. Recently at the Commonwealth Club, Professor Mark Blank from Columbia University reported DNA is a fractile antenna, with different coils reacting to different EMF frequencies. No wonder people are getting permanently damaged and it can be passed on to the next generation.

A basic example of energenic interaction with electromagnetic fields is photosynthesis, the conversion of light to chemically stored potential energy for plant life, and thus for all of us.

Our brains, our hearts, our eyes, our muscles, our skeleton system and other organs all generate electromagnetic fields and communicate through them. The effective intensity of one, 10 millionth of volt is implicated in the

interaction between cells. This is the same level found in the control of human biological rhythms, the level of EEGs in brain tissue, and navigation in fish, turtles, animals and birds.

Did you know that we have the same electromagnetic crystals in our brains which allow effects at low level electromagnetic field exposures?

Electric fields are bio activators of multicellular process. For example, electric fields from the sino atrial node control the entire vascular tree. In the human brain, all of the domains perform their various functions autonomously, and coupled together they generate a flow of patterns and cycles that function in coherent phase together. This is very important.

So you can understand that EMF disrupts brain function. Interconnection of neurons and cells with neurotransmitters bridging the gaps, is just one of the many electrical activities within the brain.

Electromagnetic fields affect not only the brain, but the entire organism through exchange of energies. Our bodies are electrochemical instruments of exquisite sensitivity. Orderly function and control are regulated by oscillatory electrical processes, each of a specific intensity and frequency.

External electromagnetic fields interfere with these and are deeply implicated in obesity, diabetes, cancer, infertility, neurological disorders and many, many 21st century medical problems.

Smart meters give off radiation ten times or more stronger than cell phones. Their presence on the line causes dirty electricity and interferes with electronic devices like computers and baby monitors. Dirty electricity, also called "electric noise," is biologically active and disrupts how our bodies function.

Your board recognizes that chemical and electromagnetic sensitivities are disabilities, and several years ago was planning to closely examine the needs of this population and undertake activities that address accessibility issues.

You were supposed to develop an action plan to be used to reduce the level of chemicals and electromagnetic fields in the built environment. What has been done?

People with these disabilities practice avoidance. But with smart meters, there is no choice. We need you to change this. Installation of these devices is essentially prescribing treatment with electromagnetic fields and radio frequency radiation without a medical license.

It is inhumane to expose people to these frequencies, and without their informed consent. It violates the Nuremberg Code. Please take action immediately to provide for access to public places, including schools, for people with electromagnetic sensitivities.

>> JOHN WODATCH: Thank you.

>> SANDY ROSS: Shall I?

>> JOHN WODATCH: Yes, go ahead.

>> SANDY ROSS: Good afternoon. I'm speaking for Health And Habitat, a nonprofit organization that helps people with chemical and electromagnetic sensitivities. A few years ago, there was a project of the national institute of building sciences with funding supported from the Architectural and Transportation Barriers Compliance Board to help people with electro sensitivity.

The committee recommended, among other things, that NIBS provide or seek funding to develop a sample clean air room, complete with clean air symbol and gave specifications for design and construction. Conditions for this clean room included freedom from chemical, cell phones, computers, fluorescent lighting and other electrical equipment, Wi-Fi and smart meters would be included. Some conditions -- similar conditions should prevail on the path of travel and restrooms.

There are many un-addressed environmental barriers, some of which relate to specifics of this meeting. Medical equipment often has too strong an EMF field for people with electro sensitivity. This is a real problem when these people are hospitalized and must be mitigated.

Assistive listening devices must be offered hard wired, not just wireless, please. Electrical systems alterations to the house or building do affect the usability of the building by people who are electro sensitive. And in your papers, it was indicating that this wasn't so.

You are dealing with a full variety of living places in this session. Accessing these places is increasingly difficult for people with electro sensitivity. They're being driven from their homes, shelters and neighborhoods by radiation from cell phone, Wi-Fi, smart meters and similar equipment.

You have the obligation to protect people with this disability. One major way is to require their structures and buildings surrounding them have analog utility meters. You must also think how to protect from Wi-Fi radiating from residence and public places, cell phones, signals from smart meters, as

people with this disability walk down the street, visit medical care facilities and other places.

Another problem for people with electro sensitivity is access to physical therapy and diagnostic facilities because of the number of electrical machines they have in here. These places must be prepared to provide their services in a way that does not harm these clients.

Under telephone booth section, please retain some landlines and old-fashioned telephone booths for people who can't use cell phones. Flashing lights are an access issue for growing number of people. These need to be mitigated in all instances, especially medical facilities where people are already compromised.

What we see happening with some of your proposals is that you are giving special consideration to the more traditional part of the disability community by providing services that will harm another part. This absolutely needs to stop.

In sections on lawn seating and golf courses, you need to require signage of what pesticides and herbicides have been used and when. These outdoor places are not accessible to people with chemical sensitivities unless they are organically maintained and pesticide free and we should have some of those.

Section 202.3 says swimming pools that are only filtered or chlorinated are legally accessible. Sorry, this isn't true either. They are not accessible to people with chemical sensitivities. The ones that use UV light for purification are tolerable and hopefully, that can be required.

As keepers of the Americans with Disabilities Act, you have the right and obligation to protect all people with all disabilities, especially those less visible and well-known as they are most subject to abuse.

We expect you to fulfill your obligations by directing staff to make the right rules for the right accommodations. Those with chemical sensitivity have learned to shelter in place as much as possible, but those with electro sensitivity cannot find shelter because of the increasing electro smog. Some of it is being directed by requirements for electronic access for people with other types of disabilities.

This has to stop and you can do it. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your comments. Next commenter will be from the phone, and will be Mary LaMielle. Mary, please proceed.

>> MARY LAMIELLE: Thank you and good afternoon. My name is Mary LaMielle. I'm executive director of the National Center for Environmental Health Strategies. Up to six percent of Americans are disabled by chemical sensitivities. An estimated three percent of Californians report electrical sensitivities.

Many people with environmental disabilities have multiple disabilities, including mobility impairments. People with chemical and electrical sensitivities are underserved, underrepresented populations who suffer greatly due to the failure of the Federal Government to address these disabilities in a collaborative and comprehensive fashion.

People sick or disabled with chemical sensitivities frequently have limited or no access to public and commercial buildings, to employment or educational opportunities, to knowledgeable and appropriate healthcare and medical services, to consumer products.

People with chemical sensitivities are frequently not treated with respect. They are not understood. Their civil rights are violated. They frequently face discrimination, whether at work, at school, in the community, in their families.

On July 28, 2010, the Department of Justice issued final rules, which included a discussion of multiple chemical sensitivities in the preamble. The Justice Department, again, declined to provide specific protections and noted that determinations must be made on a case-by-case basis. The failure of the Justice Department to recognize people with chemical sensitivities as disabled under the ADA continues its practice of discriminating against a significant population who are denied public access due to their inability to tolerate everyday exposures, typical to indoor environments.

This poses a great challenge to individuals with these disabilities. We urge the adoption of language in the ADA regulations that explicitly acknowledges access issues and delineates accommodations for those with chemical sensitivities in order to ensure that public spaces are accessible to them. We urge the Justice Department to recognize electrical sensitivities as a disability.

Equipment and furniture. The docket requests information to assist in determining accessibility requirements for non-affixed equipment and furniture. The ANPRM notes that without accessible medical equipment, examination tables, dental chairs, radiological diagnostic equipment, scales and rehabilitation equipment, individuals with disabilities do not have equal opportunity to receive medical care.

Individuals with disabilities may be less likely to get routine preventive care than people without disabilities because of barriers to accessing that care. Many people with chemical sensitivities go years or decades without basic medical services including dental care and other essential services because they do not tolerate indoor exposures.

These are serious issues and those with these disabilities have every right to access to medical care as others with disabilities that are visible or better understood.

Most indoor environments are not accessible for people with chemical sensitivities. This is in part, due to equipment and furniture that emits volatile chemicals, such as formaldehyde and other solvents. U.S. Access Board contracted with the National Institute Disability Sciences to examine indoor environmental quality access issues for people with chemical and electrical sensitivities.

In 2006, NIBS issued the Indoor Environmental Quality Report. The report references a California testing standard, CA-1350, a protocol for emissions testing of volatile and semi-volatile organic compounds. The Justice Department and other federal agencies should explore the use of CA-1350 to ensure the purchase of least problematic furniture.

Products and practices to enhance access for people with chemical and electrical sensitivities are available but not required by the Justice Department. We recommend the Justice Department examine these issues and join in a proposed interagency committee on chemical sensitivities.

Movie captioning and video description. We support making movie theaters accessible for individuals who are deaf or hard of hearing or who are blind or have low vision.

It's again important to note that movie theaters, as well as theaters and arenas with live performances, are not accessible for people with chemical sensitivities due to indoor contaminants. Furthermore, practices including use of smoke machines, strobe lights, smoking by performers and gunfire are also exposures that should require pre-notification to audiences together with use of alternative nontoxic or less toxic practices as available.

Thank you for your time. I'll also be submitting written comments.

>> JOHN WODATCH: Thank you, Ms. Lamielle. We appreciate your staying with us. We realize you weren't able to participate at our last hearing. We're happy you were able to address us today.

>> MARY LAMIELLE: Thank you. I appreciate that.

>> JOHN WODATCH: Next, we'll hear from Peggy Costor. Ms. Costor?

>> PEGGY COSTOR: Thank you very much. I appreciate the opportunity. Actually, listening to the lady about the electromagnetic fields, I'd like to really, really support what she said, because frankly, I have so many problems right now.

The last thing I need is for smart meters to come and really damage my life. I was against them before but now I really am against them. So I'm really advocating listening to them.

And I'd also like to say that I think we all know the biggest problem is going to be lobbyists. We all know that. Because whatever you try to do, the lobbyists will try to undo. And so The Supreme Court, frankly, is one of the biggest problems we have. Having said that, I'll go to what I really came to say today.

Issue number one, I have, is captioning. It's actually only a -- I'm sorry. It's actually a technical issue. I can't read, when they have foreign language — you know, when they put the captions on. Half the time you can't read them because it's white on white. A technical solution to that is really simple. All you have to do is add full saturation and shadows to the writing and then you could read the white on white captioning.

So It's a technical issue but it's an important one because what good is captioning if you can't read it?

Issue number two, furniture. I agree with the furniture issues because I always have problems with furniture. I can't get anywhere I need to be. I've tried for years to find computer furniture that I can use and I have not yet found it.

But my real issue that I came for is speech to text because this is a very frustrating area. The operating system developers and all software developers need to work with each other in making sure computers truly work for people who need hands-free speech to computer operation.

And there's some very good reasons for that. Your life practically stops and you cannot defend yourself or get what you need or get information or do anything if you cannot use a computer these days.

Many government bureaucracies and corporations place forms on-line and have quit putting information out in written form and now either requires long waits or hang up on you if you call on the phone. If you wait, many menus repeat web information over and over and over prior to even giving the

option of speaking to someone on the telephone, and it only happens after an even longer wait.

Medicare, and other programs, require written and printed appeals, which cannot be done if speech to text does not work.

Corporation. customer service personnel say a great deal over the telephone that they either are not allowed to put it into writing or refuse to put into writing. And we all know why.

So that means that if we need to document what was said and done, we need to be able to document it ourselves on the computer and so on. There's all kinds of reasons, but life literally stops these days if you cannot use a computer. And you cannot defend yourself or do anything.

Yet, the dictation programs all cater to the able-bodied. Dragon is the best there is. And when it got to Vista, it worked perfectly. I mean, it was so good, it worked, the commands worked. The speech to text worked. But then they went to Windows 7 and they said, yes, it works on Windows 7, Dragon 10 does, and it does but very poorly.

I gotta tell ya, I quit using the Windows machine. I use Mac. I tried Dragon dictate for Mac. And it's where Dragon was several years ago but it's better than nothing.

I've got a lot more in here, to be honest, because speech to text is so very, very important. It needs hands-free capability, it needs -- headings, text, whatever, to increase in size. And it needs to be speech to text programs to include excellent voice recognition. And Apple is very bad and has long been very bad.

And the last thing I would like to say is, and I hope nobody is offended, but, honestly, federal employees get 10 percent discounts on many computers and other things. And the problem with that is that it could appear, whether or not it does, but it could appear that since bureaucrats are the people who set up regulations and other stuff that regulates what can and cannot be done by companies, it could appear that they could be — it's kind of like lobbyists, you know.

>> JOHN WODATCH: Okay. No offense is taken.

>> PEGGY COSTOR: Thanks.

>> JOHN WODATCH: Thank you very much for your comments today.

>> PEGGY COSTOR: Thank you.

>> JOHN WODATCH: Our next Commenter is going to be via the phone and Sudi Scull.

>> SUDI SCULL: Hi. My name is Sudi Scull and despite my disability, I'm committed to being able to work. I had a bad accident in 1991 when I came close to dying or else being paralyzed. I was unable to continue my work as an architectural photographer due to the physical nature of my job. And since symptoms began after my accident became more debilitating, intense chronic migraine, asthma, neuropathy and nighttime seizures.

Still committed to working, I began graduate school in psychology. I am now a licensed marriage and family therapist and certified nutritionist. Through trial and error and seeing cutting-edge doctors, I've learned I have both chemical and electromagnetic sensitivity.

I receive Social Security, disability and have a small private practice. Finding an office with my disability was a needle in a haystack, so I work out of my home. I live a circumscribed life but have found emotional and physical stability within my tight parameters.

But in January of 2010, without my knowing it, our utility company PG&E installed two wireless smart meters in my house. I experienced dramatic physical and psychological symptoms immediately. My symptoms were pronounced enough that PG&E responded quickly and took my meters out, as they yet insisted that soon it would be mandatory for me to have both a gas and electric smart meter installed, once again, at my house.

With the meters out, I felt better. Although, my EHS became more heightened as I went into stores and was near cell phones.

But then this summer PG&E installed three smart meters adjacent to my house. And it turns out PG&E had, in fact, lied. They had given me instead two hybrid smart meters. Again my physical condition has deteriorated. Chronic migraine, ringing and pressure in my ears that become stabbing pain in my neck and shoulder, insomnia, increased neuropathy, nausea, etcetera.

When I go to the beach or hiking away from the EMS my symptoms quickly subside. The whites in my eyes have become alarmingly gray and pink. Most of my electricity is turned off. So you can see, I'm struggling. But enough on me.

In 1998, the California Department of Health took a comprehensive survey and found 120,000 Californians could not work due to electromagnetic sensitivity. While I'm sure like me, they soon will have no place to live let

alone work. In 1990, the EPA cited EMS as a probable carcinogen but the utilities, Telecom and military bullied them out of it.

In 2008, Obama's cancer panel absolutely named EMS as a carcinogen. All of the in-depth scientific evidence is stacked against RF radiation. Whether it shows the blood barrier to the brain dangerously opens up or male sperm count drops dramatically. Or, finally, DNA strands break apart causing cell mutation and cancer. We live in ever increasing amounts of electro smog and cumulatively this puts all of us at risk, not just those with EHS.

But the smart meter takes the cake. It is the atomic bomb of RF radiation. They emit high, sharp, spike pulses every one to two minutes of microwave RF radiation. Electrical engineers have taken readings and believe it is 1,000 times stronger than a cell phone. That is the equivalent to 17 hours of cell phone use a day for each meter.

Business buildings and apartment building will have large clusters mounted close together. But PG&E continues to claim these meters are safe. There is no transparency, just this awful rush to put them in.

We have no choice. We cannot opt out. As I stated before, many many of us will probably get sick and have to move. But where are we to go? It seems unconstitutional and just plain unfair.

Every governmental agency we have gone to sends us spinning to the next. The California Public Utility Commission states that these meters are within the guidelines set by the FCC. In fact, president of PD&E, admitted these meters were not independently tested. They are taking the word of Silver Springs Network, the manufacturer.

But additionally, FCC regulations are very, very outdated and inadequate. We need the ADA to take a stand and be courageous and protect those like me with EHS but also the public at large. Or soon, the whole general population is going to be very, very sick, and disabled, unable to work, and with nowhere to go. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony today.

>> SUDI SCULL: Okay. Thank you for giving me the opportunity. I just really hope you can help all of us out, and especially someone like me.

>> JOHN WODATCH: Thank you. Next, we're going to have another telephone commenter, Terry Siemens. We're making the call now.

>> TERRY SIEMENS: Hello?

>> JOHN WODATCH: Is this Terry Siemens?

>> TERRY SIEMENS: This is.

>> JOHN WODATCH: We're ready for your comments.

>> TERRY SIEMENS: Thank you, members of the panel. And those who are listening in the audience, thank you for attending and thank you for listening to my presentation.

I wanted to take the opportunity to focus my remarks on CRT docket No. 110, and related to web access. And also CRT docket No. 113 related specifically to equipment and furniture.

I wanted to explain a little bit today how the increasing wireless radio frequency microwave radiation has made and will continue to make it more difficult for me in the workplace and also more difficult for me to access public facilities including universities, libraries, and government buildings.

These wireless Internet technologies, including Wi-Fi and web cams and their supporting structures, are increasingly difficult for me to avoid. As I, and others, access the Internet on web facilities in our communities and also in these buildings.

Specifically, I have a condition electro sensitivity that includes vasovagal episodes and has significantly affected me in the workplace recently.

Recently I was approved to participate in a full-time student teaching placement. Initially I was assigned to a school site with a cell tower located on the other side of the fence at the back of the school. I asked to be reassigned to a school site without a cell tower located nearby. Initially, I was turned down. I presented medical documentation from my physician and I was subsequently granted an alternate placement.

Next, I was placed at a school site with a wireless security system. Specifically, I was in a portable classroom that had a spherical-shaped object attached to the ceiling that pulsed a piercing type of energy that hurt my head. After as little as 15 to 20 minutes, I would experience nausea, difficulty concentrating or reading, short-term memory loss, slurred speech patterns, and finally, I would black out.

The classroom teacher and the students initially thought that perhaps I was falling asleep. I explained to the teacher that if I moved around the classroom that I could prolong the situation, typically for up to two hours. She watched and concurred that the movement helped me minimize the visible onset of my reoccurring symptoms.

I explained to the teacher and the principal and the university supervisor and the university department director that I had difficulty with Wi-Fi, and that I needed to be in a classroom without Wi-Fi.

They had specifically made arrangements that I would be in a classroom without any wireless technology near the computer equipment in the classroom. Unfortunately, no one, including myself, anticipated that there would be a wireless security system operating during the classroom hours as opposed to after the school was closed down for the day.

Unfortunately I was told by the principal that the wireless security system could not be dismantled in the particular classroom that I was in, that it would be across the entire campus and that was not an option. I was asked, eventually, to leave the school site after 4-1/2 weeks of a ten-week program.

I'm currently intending to start another student teaching assignment, and it would have begun today but they haven't been able to clarify my placement just yet due to my accommodations.

In addition to teaching, I'm required to take a state RICA examination. That too, I was assigned to a site with a cell tower and have subsequently asked for accommodation for that. They've told me that they have never had such a request for an accommodation. But there is no opportunity that I could complete a state examination sitting next to a cell tower.

I would encourage you to consider these -- thank you.

>> JOHN WODATCH: Okay. Thank you very much. We appreciate you taking the time to comment with us today.

>> TERRY SIEMENS: Thank you.

>> JOHN WODATCH: We are going to now have another commenter via the phone, Susan Molloy. I believe the call is being made now.

>> SUSAN MOLLOY: Hello?

>> JOHN WODATCH: Susan?

>> SUSAN MOLLOY: Yes.

>> JOHN WODATCH: This is John Wodatch. Welcome. We are ready for your comments.

>> SUSAN MOLLOY: Thank you, Mr. Wodatch. My name is Susan Molloy. I'm calling --

(Announcement interruption.)

I'm calling from Snow Flake, Arizona. I would -- by my count, I'm the 14th person today who has been planning to discuss barriers such as electromagnetic fields, Wi-Fi, cell, and chemicals.

(Feedback interruption.)

>> JOHN WODATCH: Susan? This is John. Could you -- you may be listening on the -- to the Internet and we're getting feedback from that. Could you --

>> SUSAN MOLLOY: Okay. We should be set now. Thank you. I don't have much to add to the 13 or 14 people who testified today about the barriers they face in the environment that go largely un-addressed.

The barriers I'm most concerned about would be the chemical and electrical barriers, also those that have to do with light and sound that we are including in our requirements under the ADA, and other laws, in architecture that are in fact creating barriers to many of us.

I am very curious to know, what are the prospects that we might have for Department of Justice to take a position in support of our issues? At this point, I think that there is an emergency in that the smart meters are being mounted on houses and apartments across the country, and many of us are absolutely defenseless in the face of these -- sorry -- in the face of these installations.

I did notice that there was one request for supplemental document that would be the focus on electromagnetic field, and Wi-Fi, cell, smart meter barriers. And I don't know if that's a realistic expectation for us or if the Department of Justice has another way to possibly make some kind of a public statement or back our play in a legal action, for example, that would protect people with these disabilities.

Specifically, we need intervention by DOJ, or someone, or an equivalent agency that can secure for us an opt-out provision so that the power companies have to give us an alternate way to get power metered from our houses than the smart meters.

Just very quickly, I'd like to mention a couple points that have come up today. The treadmill for exercise, and the treadmills that are in hospitals for evaluation of heart performance, both of those, recreational and medical uses, are -- we can only obtain them in one form and that is the electrical form that causes severe pain.

I don't know what is possible procedurally but I would very much like to put the brakes on this whole process for now to get intervention by Department of Justice to consider some kind of supplemental document.

I think that we're getting ourselves in trouble again, as we have before, by not looking in advance in a timely manner at the requirements -- by not looking in a timely manner at the requirements for safe access for people with certain disabilities and promoting good access or insisting on good access for people with other disabilities. Sometimes the requirements conflict and we're not being mature if we're not noticing that we need to coordinate our insistence for access for various groups.

(Pause)

>> JOHN WODATCH: Susan, your five minutes are up. If you will let me, respond a little bit to your question. We have started at our hearing in the District of Columbia, and certainly today, about these issues. I think, clearly, we have a lot of evidence to go forward and look at, especially the relationship of utility companies to Titles II and III of the ADA and looking at what options are open for us to further investigate and make decisions about whether they are regulatory choices or other choices.

Some of the comments -- we'll have to look at in depth at some of the comments that we received that are written. Because a number of people can in a five-minute presentation only make really summary kind of presentations. We hope to look at the information we get in more depth and then make some reasoned decisions about whether or not it affects the rulemakings that we have proposed, working with other federal agencies, as has been suggested by several of the commenters or, as you are suggesting, other appropriate action that might be taken.

But we will consider all of those very carefully. Thank you. Our next commenter also by telephone will be Mitch Pomerantz who is president of the American Council of the Blind.

>> MITCH POMERANTZ: This is Mitch.

>> JOHN WODATCH: Mitch, this is John Wodatch. Please go ahead with your comments.

>> MITCH POMERANTZ: Surely. Thank you. My name is Mitch Pomerantz. I'm the president of the American Council of the Blind. ACB is a major, national grass-roots consumer advocacy organization with 70 state and special interest affiliates throughout the nation.

I wish to thank the United States Department of Justice and especially to you, John, for the opportunity to briefly address some of our general concerns relative to the recently issued ANPRMs. More extensive written comments addressing specific concerns will be forthcoming.

Regulations must be drafted, which recognize the convergence of Section 508 of the Rehabilitation Act, Section 255 of the Telecommunications Act, and the recently enacted 21st Century Communications and Video Accessibility Act. Incidentally, a bill sponsored by the American Council of the Blind and just signed into law by President Obama.

Without taking such laws into consideration, the Department will be developing standards, which will be irrelevant because effective communications will be thwarted. ACB would argue, it is time that the ADA acknowledge these federal laws, which have become -- which have begun creating standards of accessibility.

ACB recognizes the Department's efforts, to date, to clarify that the ADA requires access to web information and services. If blind and visually impaired people are to compete on equal terms with our sighted peers, regulations must be promulgated which guarantee access to websites operated by both Title II and Title III entities.

The Department should clarify that audio description is an auxiliary aid and service, which assures effective communications. It is not a fundamental alteration of a theater's service and should be acknowledged in the regulations.

Let me comment here that the term "video description" is wholly inappropriate given that since 1981, the generic phrase referencing the use of language to provide access to visual images has been audio description. It is essential that the Department adopt audio description as the only appropriate term to describe this method of effective communication.

ACB believes that DOJ should unequivocally state that the accessibility of equipment is an inherent component of making programs, activities and places of public accommodation accessible.

We are convinced that people with disabilities have waited long enough for a clear statement by the Department that there is an affirmative obligation to assure that equipment used to provide access to programs and services under Title II and equipment being deployed in places of public accommodation under Title III must, within the constraints contained in both titles, be accessible.

Further, since virtually every piece of equipment today makes use of computers or are directly connected to the Internet or accessed wirelessly or via remote control, we must go beyond looking at equipment in a stand-alone context.

The accessibility of computers, whether in home appliances or public kiosks, must be a basic consideration in any regulations developed for equipment accessibility. It is no longer appropriate to see the regulation of equipment, the web and audio description, as separate endeavors.

All three of the ANPRM areas overlap. It is time that the Department considers adoption of general principles that clearly articulate the convergence which the computer chip has created.

In conclusion, the Department of Justice must take this opportunity to absolutely articulate that there is a categorical requirement for equipment accessibility, which applies equally to state and local governments and places of public accommodation.

The Department must champion principals of universal design, which will within a reasonable time frame, require Title II entities to acquire equipment that is accessible. ACB is certain that if justice adopts this unequivocal general principle, we will get to a place where equipment accessibility will assume the place it should as a civil right for people with disabilities.

And I thank you very much for allowing us to participate today.

>> JOHN WODATCH: Thank you very much, Mitch. Next, our next commenter will be John Waldo. Mr. Waldo, please proceed.

>> JOHN WALDO: Good afternoon. And thank you all for the opportunity to have some input about movie captioning. My name is John Waldo. I'm an attorney representing plaintiffs in ongoing movie captioning litigation in both Washington and California.

I'm speaking here today on behalf of statewide advocacy organizations for people with hearing loss in the states of Washington, Oregon, and Utah, and also speaking on behalf of two national organizations, the Association of Late-deafened Adults and the Collaborative for Communication Access Via Captioning.

20 years ago, the Americans with Disabilities Act envisioned bringing people with disabilities into the mainstream of American life. For some people, and I think especially those with mobility disabilities, ADA brought about rapid and meaningful improvements. But for those of us with the very common

but invisible disability of significant hearing loss, ADA is still far more promise than reality.

A particular source of frustration has been the movies, America's favorite night out. Technology today permits movies to be shown either with open captions superimposed on the print for certain showings and visible to the entire audience or closed captions visible only to patrons who request a viewing device.

Both methods fit squarely within ADA's definition of auxiliary aids and services because they are affective methods of making orally delivered material available to people with hearing loss.

As you note in the ANPRM, the vast majority of today's movie studio releases have captions prepared in cooperation with the studios. What has denied us the opportunity to fully enjoy movies has been the reluctance, if not the downright refusal of theaters, to purchase and install the equipment to enable us to view the captions.

That situation is finally changing. Guided significantly by a friend of the court brief that the Department filed, the 9th Circuit ruled last year that ADA requires theaters to show closed-captioned movies unless doing so would constitute an undue burden. Then three months later, this Department announced its proposed rulemaking.

We welcome DOJ's involvement and would urge you to make the 9th Circuit decision a nationwide rule to the effect that captioning is required unless it constitutes an undue burden.

That said though, we think the proposal that captioning should be required for only 50 percent of the movies phased in over five years is a giant step backward and is deeply flawed, both legally and factually.

Our legal objection is that ADA clearly states that auxiliary aids and services like captioning are required unless the entity, singular and specific, the entity can demonstrate that providing those aids and services would be an undue burden.

Because captioning is technically available, we think the undue burden inquiry is purely financial and must be done on an individualized case-by-case basis probably by a court. We don't believe that substituting a broad performance-based standard, which may ask too much of some but require too little of others, is consistent with a statutory undue burden standard.

Our factual objection is that many of the larger corporate theater chains can in fact show 100 percent of movies in captioned form. Cinemark, the

nation's third largest theater chain, has completed converting its Washington state theaters -- now, that's only two multiplexes -- to full digital projection. It has also equipped every one of those auditoriums to show captioned movies. We now have two fully accessible theaters, complexes, in the State of Washington.

Regal, the nation's largest theater chain, has informed us that essentially the incremental cost of captioning the second half of its 6,800 theaters to show captioned movies would be about \$3 million. That's big money, but put it in context.

In 2009, according to publicly available documents, Regal paid over \$110 million in dividends. Dividends. After the staff has been paid. After the leases have been paid. After the debt has been serviced. After you pay taxes on it. Dividends basically, according to some, are money that companies can't figure out anything else to do with so they pay it in dividends.

I would submit that three percent of your annual dividend cannot constitute an undue burden. Much more to say, I'll submit it in writing. Thank you very much for your time and for your effort on this.

>> JOHN WODATCH: Thank you very much, Mr. Waldo. We appreciate your testimony today. Next, we are going to hear from Shen Kuan. I hope I pronounced your name somewhat correctly.

>> SHEN KUAN: Hi, my name is Shen Kuan. I work at the Lighthouse For the Blind in San Francisco. I've been blind for more than 20 years. I want to talk about the web accessibility for blind people.

I want to emphasize how important it is for me, knowing that a website is accessible for me using my screen reader software, which reads the materials, the stuff on the website to me with synthesized speech.

It has been a challenge for me for many, many years to try to -- every time when I go to a new website, not knowing whether that site is accessible 50 percent, 100 percent or whether everything on there is readable to me or not.

Part of my job at the Lighthouse For the Blind is to help test out websites to find out whether it is accessible, and if not how to make it accessible. And having this set of guidelines can help me in knowing that all the websites out there are being compliant to these guidelines and making it accessible for not just anybody but also for visually impaired visitors to the site.

A couple of examples is; one, last year I attempted to purchase baseball tickets on-line. And when I got to the website, I found out that it was not accessible, because the choices for you to choose where you want to sit in a stadium are mapped out on a map on the screen. And that map was 100 percent not accessible to me.

So I had to end up calling on the phone to purchase my tickets. And if these guidelines had been available -- had been enforced, I think I would be able to make my purchases online independently.

Another example is when I purchase airline tickets online. With so many websites, different airlines have their own websites, and they all have different ways of purchasing tickets online. Not all the forms available online for you to purchase, for you to fill out your information, to choose where you want to sit, are standardized.

So every time when I go to a website, I always have to spend the first maybe 45 minutes getting myself oriented, learning how to use it, assessing the website, trying to find out whether it's accessible to me. And if not, then I would have to make that phone call asking to purchase the tickets on the phone instead.

So I think if the DOJ can adopt these guidelines for web accessibility, it will make all the websites standardized and make them all accessible for visually impaired people so that we don't always have to constantly struggle with our screen readers, trying to find out whether this thing is accessible or not before we can do what we need to do, purchasing tickets, buying online, or browsing the Internet, researching information. Different things are not always the same.

I wanted to ask that the DOJ consider adopting the web content accessibility guidelines for its standards for the websites. And that's it. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your comments today. I'd like to point out that we have been joined at the front today -- Mazen and I have been rejoined by Christina Galindo-Walsh and Bob Mather.

Next, we're going to hear from Lisa Maria Martinez.

>> LISA MARIE MARTINEZ: Hi. My name is Lisa Marie Martinez. I, too, work for the Lighthouse For the Blind and Visually Impaired in San Francisco. And today I'd like to talk a little bit about the accessibility of equipment and furniture. In particular, the topics and areas that are near and dear to my heart, which is exercise equipment and furniture.

I really strongly believe that all exercise equipment should be accessible to those with disabilities. Many general cardio machines such as treadmills, elliptical machines and row machines require the operator to interact with the screen in order to set up the appropriate exercise program.

Blind and visually impaired people are at a disadvantage when it comes to the general health maintenance that they require since these screens are usually touch screens, with no tactilely discernible buttons. And they have no audio feedback, which can aid in the independent setup of daily routines.

As we all know, there's an obesity crisis in America. And different people have different reasons as to why they want to stay fit. Should people with disabilities be excluded from slimming down and taking control of their own lives, to prevent life threatening diseases such as diabetes and heart disease?

I've been an athlete the majority of my life, whether it was as a judo athlete, a track athlete or some other sport I was trying out. And I've encountered many different types of cardio machines and exercise equipment that I cannot access without the help of someone there to help mark the equipment for me or to tell me how to use it or just to get the machines started.

And then I'm limited to what I can do. If I wanted to change my program because it was too much for me, I'd have to either stop the machine and ask someone to reprogram, for instance, a treadmill program for me or yell for someone, hey, can you change this for me while I'm in the middle of trying to run.

Through simple technology such as audio feedback, similar to those technologies that Apple uses for their iPhones, blind and visually impaired people can access flat screens. Tactile buttons and high contrast buttons can aid in the quick search of a particular button. These little small solutions can make a big impact in someone's health.

I have yet to find a totally accessible treadmill or cardio machine. Oftentimes, I have blind people come to me and ask me how can they go to a gym and get fit. And I encourage them to talk to the managers at the gyms and explain to them that with a little bit of innovation, they can possibly mark up the machine and make it semi-accessible. But a lot of times they are faced with resistance.

The gym folks don't understand that we're not going in trying to destroy their machines and change them all up by putting a little Braille dot on it, or marking it so that we can at least know how to start and stop the machine.

And even if they are welcomed with open arms to tactilely mark a button, oftentimes they are taken off. So what do we do?

I know I would like the choice to improve my health and my general welfare by incorporating exercise into my life. It has been a huge part of my life. And I hope it to continue to be a huge part of my life. I don't require a different piece of equipment to get healthy. I don't want to have to pay extra for a machine that comes with accessible features.

If simple accessibility standards are considered from the beginning stages of design, then accessibility doesn't have to mean different or expensive. With the last minute I have, I want to talk a little bit about electronic and information technology.

I use ATMs and POS machines every day and kiosks every day. And I have to debate just how much personal information I want to give to a complete stranger just to finish a transaction.

If I want to pay using my debit card for a sandwich that I purchase during lunch, I have to give my pin number to a complete stranger. What if I drop that card and the person behind me overheard my pin number, picked up my card, and didn't do the right thing, which would be to give me back my debit card? But instead they went to my bank and cleaned out my account?

I cannot independently do this. And every American has the right to privacy. I can't go to an airport and check out -- or independently check out using a kiosk. I cannot do self-checkout at a grocery store. I have to rely on someone else to do that for me.

So thank you for listening to my comments today and taking the time and consideration to change things.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony. Next, we're going to hear from Beth Berrenson.

>> BETH BERRENSON: Thank you for giving me the opportunity to comment on the importance of audio described movies. I'm a movie addict. I'm also a person who is partially sighted. My vision is 20/200.

What I see and what a person -- what a person sees -- a person who is 20/20, would see at 200 feet what I see at 20 feet. For me, I need to get close to that movie screen.

I also have a challenge when I'm seeing something on the screen that is obviously nonverbal. Lots of times, the nonverbal action is advancing the movie plot. I miss it. If it's not audio described, I've missed it.

This is perplexing to me, since this is moved along in a nonverbal way. Living in San Francisco, I have access to two screens that have audio description capabilities. Very often the staff at these theaters does not know about these facilities or they are not having audio described movies playing in them.

I urge the panel to consider training all staff to be familiar with audio description, and make it mandatory for each auditorium to show audio-described movies. The content is available to fill these auditoriums. More movie distributors are including audio description tracks with their new productions.

As the information and resource coordinator for Lighthouse For the Blind and Visually Impaired in San Francisco, I put out a weekly listing of all audio described movies in the nine-county Bay Area. Considering there are over 200 screens in the area, there are usually only about 10 screens that have audio description.

Those of us who are blind or visually impaired want the same opportunities to view movies as the rest of the seeing public. Being a baby-boomer, I grew up going to the movies. As we boomers age, more of us will be affected by vision loss. It just makes good business sense for the movie industry to include the blind and visually impaired in the number of the movie-going public.

I urge you to consider making all movie screens accessible for the blind and visually impaired through audio description. I also want to make one other comment about audio description when we go to buy movies.

More and more distributors are putting that content on a DVD or a BluRay. The challenge with that is that the menus on the DVD and BluRay are not audible. So even though the information is there for us, we cannot access it. To me there is something missing in that equation.

And I know that is part of the what the 21st Century Communication Act talked about also, and I urge you to consider making the menus on DVDs and BluRays audible so that we can listen to movies without having to include someone else. Thank you very much.

>> JOHN WODATCH: Thank you. We appreciate your testimony this afternoon.

Next we are going to hear from F. Ross Woodall.

>> F. ROSS WOODALL: Yes, thank you. I want to thank the Department of Justice for being here in San Francisco, saving the best for last, and I also

want to acknowledge the panel, that it is one of the most austere and good looking panels that I have ever seen. With that said, I am blind. (Chuckles).

>> JOHN WODATCH: You are terribly accurate.

>> F. ROSS WOODALL: As I said, my name is Ross Woodall. I am the co-chair of the Mayor's Disability Council for the city and county of San Francisco, California.

The Mayor's Disability Council acts as a liaison and a reference and gives input to the mayor, to the mayor's office on disability, and to the board of supervisors on any matters that have to do with disability issues.

We will be presenting our findings to you in writing after the meeting is over. As for the web content, we, since the web continues to be the medium in which most information is disseminated right now, and especially information that is of time sensitive nature, of an emergency nature, we on the Mayor's Disability Council are very happy and will heartily recommend that the provisions of WCAG 2.0 AA be utilized and put into force by the Americans with Disabilities Act by the Department of Justice. We feel that this is the best way to keep people informed, who oftentimes are shut out from watching TV and other means of communication that are simple for other people.

We also, I also want to talk about forms. Forms are of great interest to the council members, because they all realize that so much of our lives for those of us who are blind especially, we deal with forms on-line, ones that are inaccessible. Forms that will help us to get a job, and of course we have one of the highest rates of unemployment of any segment of the population. And anything that can be done to help the blind get back to work is necessary. These forms sometimes are very, very daunting. But we are very happy to see that the DOJ has agreed, even into the simplest forms of what might be approved today, in the level A comments, that forms would have to be able to be filled out on-line. And we definitely applaud this, and we are behind this 1,000 percent.

As far as personal use of the Internet, it has become my way of life. That is where all my information comes from. It is how I communicate. It's how I pay bills. Not able to write checks anymore. It is how I find out what is going on in the world, be able to find things out instantaneously, to be able to enlarge my network of friends and family. So the accessibility by people with vision loss and who are blind is not only important, it is mandatory.

I know of 85-year-old grandmothers who have gone blind and learned the Internet, and are now able to work with their -- talk with their grandchildren